

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172
Registered No. 194

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Petra Torres

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1 6. Legitimate? yes 7. Date of birth Oct. 19, 1928
Month Day Year

8. FATHER

Full name Sam Torres

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Laborer
Nature of Industry

14. MOTHER

Full maiden name Rosa Navarro

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother three
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living Two
(b) Born alive but now dead one
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
physician (Physician or midwife).

Given name added from a supplemental report. Month, day, year

Address Globe, Arizona

Filed 11/8, 1928 E. E. Wightman
Registrar

732-1019-956